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ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/735,309
Filing Date	18/18/2003
First Named Inventor	ABRAHAM
Art Unit	2611
Examiner Name	ALISTAR
Attorney Docket Number	BS 02280

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I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

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☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

38516

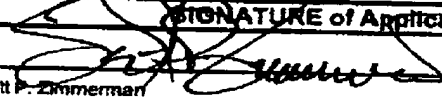
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature			
Name	Scott P. Zimmerman		
Date			
Telephone	(919) 469-2629		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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&  
37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY**

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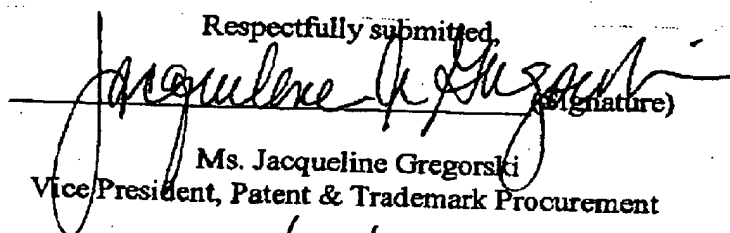
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- ii) Scott P. Zimmerman, U.S.P.T.O. Reg. 41,390, of Scott P. Zimmerman, PLLC, P.O. Box 3822 Cary, NC 27519.

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